Department of Health and Human Services
Substance Abuse and Mental Health Service Administration
Advisory Committee for Women's Services
August 19, 2020
Rockville, Maryland
Minutes

Committee Members Present:
Kelly Andrzejczyk-Beatty, D.O.
Miriam Delphin-Rittmon, Ph.D.
Sparky Harlan, M.A.
Kathryn Icenhower, Ph.D.
Dan Lustig, Psy.D.
Jill Mays M.S., LPC
Judge Duane Slone

Committee Members Absent:
Lavita Nadkarni, Ph.D.

SAMHSA Leadership:
Anne M. Herron, M.S., Acting Associate Administrator for Women's Services (ACWS), and Director, Office of Intergovernmental and External Affairs

Valerie Kolick, M.A., Designated Federal Official (DFO)

SAMHSA Staff:
Larke Huang, Ph.D., SAMHSA, Director Office of Behavioral Health Equity and Justice (OBHEJ)

Guests:
Jane Segebrecht, MPH, HRSA, Office of Women's Health
Melissa Azur, Mathematica

Call to Order

Ms. Kolick, Designated Federal Officer (DFO), called the meeting of SAMHSA's Advisory Committee for Women's Services (ACWS) to order on August 19, 2020 at 1:03 p.m. The Advisory Committee was conducted virtually.

Welcome, Roll Call & Adoption of Minutes from the August 20, 2019 Meeting, Updates on SAMHSA Publications

Ms. Herron welcomed the ACWS Committee members and other participants. Ms. Kolick noted that the meeting had a committee quorum. She also led discussions on the following:

- **Introduction of new members** – Ms. Mays recently joined the ACWS. She is the Director of the Office of Behavioral Health Prevention and Federal Grants at the Georgia Department of Behavioral Health and Development Disabilities. She also has a private practice that predominantly services young women. Dr. Lavita Nadkarni was not on the call but is also a new members. She is the Associate Director of Forensic Studies at the University of Denver.
- **Approval of Minutes** – Dr. Icenhower motioned to approve the minutes. This was seconded by Dr. Delphin-Rittmon.
- **Policy Lab** – Ms. Herron shared that SAMHSA's Policy Lab has developed four new guidance documents. Specifically, the resources focus on youth vaping; treatment for stimulant use

disorder; HIV; and suicide. The Policy Lab will soon share two more guidance's related to serious emotional disturbances of children and recovery services.

- **Emergency COVID Grants** – Ms. Herron said that in the emergency COVID grants, ten percent of funding was set aside to support health professionals with mental health concerns. Grantees were struggling to meet this requirement. She was concerned that a factor may be that healthcare professionals were reluctant to seek help because of potential repercussions to their licensing. Dr. Icenhower said she had not heard about the resource, so lack of awareness may be another factor. Ms. Herron noted that SAMHSA is in the process of developing a 1-pagers to describe the current grantees. Ms. Mays said that Georgia has developed an emotional support line that provides brief assessment and referrals. Dr. Delphin-Rittmon said that in Connecticut, the funds were being used to prop up EAP services and add crisis counselors to their State's 122 line. Ms. Kolick noted that health professionals was a broad term and could also include first responders.

HRSA Strategy to Address IPV Updates and How COVID-19 Is Impacting IPV Services
Jane Segebrecht, MPH, HRSA, Office of Women's Health

As background, Ms. Segebrecht explained that HRSA has 90-plus programs for serving economically-, medically-, and geographically-challenged Americans. Some of the larger programs include the Ryan White HIV program; the Maternal and Child Health Bureau (MCHB) block grants; the National Services Corps; and more than 14,000 Federally Qualified Health Center (FQHCs). HRSA has recently received $2.5 billion to expand screening, testing and telehealth services in response to the COVID-19 pandemic.

HRSA's Office of Women's Health (OWH) provides evidence-based programming across three priorities: maternal mortality; opioid use and misuse by women; and violence prevention (e.g. intimate partner violence (IPV)and human trafficking.

IPV
Violence by a partner disproportionally impacts underserved and vulnerable populations (e.g., teens, LBGTQ, those with disabilities, rural and impoverished Americans). This intimate violence exacerbates physical health conditions. Data shows that if a person talks to a provider about their experience, they are four times more likely to get services. However, there are still a number of barriers to seeking help which includes concerns about children being removed from the household; not wanting the police involved; shame; and economic concerns. In additional healthcare professionals may lack training or feel they don't have the support needed to address these issues.

While data is sparse and anecdotal, it does seem that COVID-19 has exacerbated IPV (sometimes referenced as the "shadow pandemic"). Survivors find themselves more isolated (e.g., shelter in place, not accessing schools) and perpetrators have more stress triggers. Also, some services have shut down because of the pandemic. Providers have developed creative ways for providing services. Examples include writing notes on the inside of pizza boxes; using the chat option on telehealth visits (so not to be heard by others during a telehealth call); and enlisting pharmacists to provide support.

In collaboration with the Administration for Children and Families (ACF), HRSA funds a programmatic intervention called Project Catalyst which supports State leaders in building systems of

change. This includes support to both health centers and domestic violence centers ensuring that these entities have more bidirectional referrals and access.

In 2016, HRSA developed a three-year strategic plan focused specifically on IPV. The plan identified four key priorities:

- Train the US health workforce;
- Develop partnerships to raise awareness about IPV across HRSA and HHS;
- Increase access to IPV-informed health services; and
- Address the gaps in knowledge about IPV risks.

A valuable resource for healthcare professionals is the IPV Partners website. The site also includes a downloadable toolkit. Dr. Azur noted that while a main focus of the toolkit is focused on opioids, it addresses all addictions. It also goes beyond the provider and includes case managers. She welcomed the ACWS committee members sharing any feedback that they might have on the toolkit.

In closing, Ms. Sebrecht said that protective factors play an important role for IPV survivors. She said that clinicians shouldn't underestimate the need to foster joy as a factor in the healing process.

Human Trafficking
Due to time constraints, Ms. Segebrecht was not able to offer an in-depth discussion of this concern. But more information can be found on the OWH website.

Discussion
Dr. Icenhower said that in her treatment center, IPV is a priority and the site staff focus not merely on the survivor but other family members including children and the abusing partner. She has seen that this approach has impact.

Ms. Harlan noted that early in the pandemic, survivors were not accessing services. This was because the hotline was not being answered and there was an increase in homelessness. However, later, the number of survivors seeking services escalated.

The Racial Climate and Related Economic and Health Disparities on Women and Their Families
Larke Huang, SAMHSA, Director Office of Behavioral Health Equity and Justice (OBHEJ)

Dr. Huang shared data that showed suicide mortality and mental health concerns during COVID-19. Some takeaways include:

- Disproportionately impacted communities (e.g., trauma, substance use disorders, and people of color) face a greater disease burden.
- Criminal justice-involved women are particularly vulnerable to behavioral health concerns as well as COVID.
- There are spikes in domestic violence rates (calls and reports).
- Women bear greater disease burden. In general, they are family caregivers. They represent 70% of the workforce. Compared to men, they have lower household incomes and are more likely to be renters.
- Many of the Social Determinants of Health factors have been impacted. Some examples include the inability to absorb economic shock (e.g., housing insecurity); and school closures (e.g., competition between childcare and work requirements).

- There have always been barriers to access services, but the pandemic has exacerbated these treatment gaps.
- Telehealth may not work for those with economic disparities because of internet access issues.
- Protective PPE for healthcare professionals are made for men (e.g., masks), so they don't always provide complete protection when used by women.
- Unpaid caregivers have some of the highest rates of anxiety/depressive disorders; onset or increase of substance use; and suicide ideation.

SAMHSA's OBHEJ focuses on policy and has a priority to address underserved communities that may not get access to SAMHSA contract services. In 2020, they have published briefs on the opioid epidemic; the implication of COVID; and trauma--all from a racial and economic justice lens.

Discussion

Following is feedback from ACWS Committee members:

- **Internet Access** – Ms. Harlan echoed the access concerns and noted that this issue goes beyond just telehealth. For low-income communities, the internet is their main access to the outside world. Dr. Lustig added that telehealth requires more than just internet access but data packages. Dr. Huang shared that the Assistant Secretary for Mental Health and Substance Abuse is also concerned and is looking into telephone options for patients.
- **Importance of Faith** – Dr. Delphin-Rittmon shared that African-American communities rely on their faith communities to provide healing and deal with grief. These avenues have been cut-off due to COVID.
- **First Responders** – Both Dr. Huang and Ms. Harlan noted that first responders, including law enforcement, have shared stories of vicarious trauma due to traumatic events such as mass shootings. For example, one police officer involved in the aftermath of the Orlando shootings described hearing the cellphones of wounded and dead victims continuously ringing. He is now triggered by a cellphone ring.
- **Pros and Cons of Telehealth Engagement** – In some ways, telehealth is beneficial to underserved communities because it reduces childcare and transportation barriers and may also reduce stigma. It allows individuals in rural communities to access a doctor not in their community. Telehealth also is a more calming arrangement for individuals with anxiety because it allows the individual to have sessions while at home. However, there may be drawbacks as well. Historically, the African-American community have had trust issues with healthcare professionals. And those with limited English or computer literacy skills may struggle with the virtual office format. There was also discussion about reimbursement with some MCO's pushing back out of concern for fraud.
- **Research on Telehealth Engagement** – Dr. Huang said that some entities have had success in doing group sessions and even for drug court sessions. Since telehealth will be long-term, regardless of COVID, it is important to have a better understanding for best and creative practices, as well as a need to gather population-level data to better understand how different communities benefit or have barriers to its use.

Impact of COVID-19 on Women and How Agencies Can Better Recognize and Meet Their Needs
ACWS Committee Members

During this open-ended session, ACWS Committee members shared their thoughts on the following topics.

- **Conversations on Racism** – Ms. Mays noted that the racial tensions are forms of chronic trauma and should thus be incorporated into healthcare. Yet many providers don't have these discussions. Georgia partnered with Yale University to survey behavioral healthcare providers. The results show that many providers identify cultural issues as an important health issue, but don't know how to bring it up and may also be uncomfortable about bringing up these discussions with their patients/clients. As a result, Georgia is developing and providing webinars and trainings for providers. Dr. Delphin-Rittmon shared that there is a need to go beyond just cultural competency and having a diversity, equity and inclusive committee. Many sites have this, but still have issues even at a staff level. This effort needs to be ongoing and staff led. Ms. Mays agreed noting that the sites have the structure in place, but it is not translating into practice.
- **Universal Screenings** – One committee member recommended that it be a universal screening for people of color: "Have you ever experienced racism?"
- **Cahoots Model** – Ms. Harlan said that many Defund Police advocacy is focused on the Cahoots Model. However, she cautioned that these effort needs to be careful that they don't create an unintended consequence of actually cutting behavioral health services.
- **System Concerns** – Dr. Icenhower shared two concerns related to systems approaches. First is the prioritization on funding for the opioid crisis. This harms service providers with clients that tend to have stimulant use disorders. Also, the 1115 waiver in California has drastically limited access to comprehensive services.
- **Workforce Development** – Ms. Mays said that more efforts need to focus on getting a diverse workforce that demographically mirrors the populations being served. This work needs to start at the Master level programming.
- **Intergenerational Impact** – Ms. Harlan noted that the cycle needs to be interrupted. The children that were taken away from their parents during the crack epidemic are the adults that she is serving today.
- **Using Data to Highlight Racism** – Dr. Huang shared an example of a site that operated a diversion program. The data showed that the program favored white middle-aged woman with women of color being sent to jail. Having data with meaningful data points and benchmarks can be a less contentious way of highlighting issues of racism and focusing on solutions. However, she cautioned that even data collection itself can have a racial bias to it.
- **Community Voice and Vision** – Dr. Huang noted that a common denominator among sites that have had successes in equity are that they have incorporated and relied on community voices in the planning.
- **Local Successes** – Dr. Huang also said that some of the most effective programs (such as Pre-K) started as local efforts in minority communities. They are then generalized nationally with success. Judge Sloane agreed noting that there are local drug court efforts in East Tennessee to ensure that the courts favor marginalized populations. But in more urban settings across Tennessee, the dynamics are quite different. Two other promising local programs cited were to train motel owners on support services and harm reduction; a program targeting faith communities on Narcan and other traditional/non-traditional treatment services.

- **Stigma** – Dr. Lustig shared that NIDA Director Nora Volkow wrote a powerful article in the New England Journal of Medicine highlighting that stigma is a leading factor in SUD deaths. Dr. Lustig encouraged Committee members to read it and share with others.
- **Caregivers** – Ms. Herron found Dr. Huang's discussion of caregivers compelling and was concerned about caregivers (paid and unpaid) of the elderly and the need to address this population.
- **Colleague Engagement** – Ms. Mays who is a licensed professional counselor met with a judge about jail diversion options, specifically Accountability Courts, and he was unreceptive. However, she was told by another judge that the message would probably be better received if the dialogue happened judge-to-judge, so that has been the approach in Georgia.
- **Racism and Violence** – Dr. Segebrecht noted that Futures Without Violence has developed a three-part video series called "Voices in Our Movement" focused anti-racism as a type of violence prevention.

Public Comment

Time was set aside for public comment, but no one chose to speak.

Closing Remarks/Adjourn

Ms. Kolick thanked everyone for their participation. She adjourned the meeting at 4:31 p.m.

Certification

I hereby certify that, to the best of my knowledge, the foregoing minutes and the attachments are accurate and complete.

10/19/2020
Date

Anne Herron
Anne Herron
Acting Associate Administrator for Women's Services, SAMHSA

Minutes will be considered formally by SAMHSA's Advisory Committee for Women's Services at its next meeting, and any corrections or notations will be incorporated into the minutes of that meeting.